EMPLOYEE TIME SHEET

Pay Period: _____ **to** _____

Pay Date: _____

Client/Employer Name: _____ **Provider/Employee Name:** _____

Date of Service (M/D/Y)	Service Type (Check Correct Box)						Time In (AM/PM)	Time Out (AM/PM)	Total Hours	Check ALL that Apply					
	CLS H2015	CLS H2015 UJ	Respite T1005	Overnight T2027	Skills Build H2014 U7	Train (Inc. Cert)				Location of Service		Data Sheet Completed		Data Sheet Signed and Dated	
										Home	Comm	Yes	No	Yes	No

As the Individual receiving services, or the authorized representative of the individual, I certify that the information above is true, accurate and complete.

As the Employee providing services, I certify that the information above is true, accurate and complete. I worked the hours/dates indicated and that this timesheet has been approved and certified by the individual or authorized representative of the individual.

_____

Client/Employer or Parent/Guardian Signature **Date**

_____

Provider/Employee Signature **Date**

Due by Monday at 12:00 Noon

Fax: 883-882-5100 or Email to: fms@hragroup.net